BEFORE THE MISSISSIPPI INSURANCE DEPARTMENT
STATE OF MISSISSIPPI

IN RE: M. C. DILLARD D/B/A DILLARD MOBILE HOME TRANSPORTERS
INSTALLER/TRANSPORTER LICENSE # 10001096

CONSENT TO ADMINISTRATIVE PENALTY

WHEREAS, it is acknowledged that a Final Administrative Order was entered on May 23, 2014, In Re: M. C. DILLARD D/B/A DILLARD MOBILE HOME TRANSPORTERS, which Ordered, in part, that:

(a) The Mississippi Installer / Transporter License No. 10001096 issued to Respondent, M. C. Dillard d/b/a Dillard Mobile Home Transporters, was revoked.

(b) That Respondent was assessed an Administrative fine in the amount of $2,000.

(c) That Respondent was declared indebted to the Mississippi Insurance Department for delinquent inspection fees.

(d) That Respondent was required to complete and turn in all outstanding Affidavit / Correction statements after necessary corrections are made.

(e) That Respondent was required to fully resolve the Complaint filed by Warren Scott Pinter (and clarifying that payment to him of $4,347.27 would constitute satisfactory resolution).

WHEREAS, the Respondent having now paid in full the amounts due as a fine and in delinquent inspection fees, and also having complied with the other requirements placed upon him, as specified in the Final Administrative Order, and Respondent now requesting that his license be reissued, and upon further consideration of the circumstances;

NOW THEREFORE, I, M. C. DILLARD D/B/A DILLARD MOBILE HOME TRANSPORTERS (hereinafter sometimes referred to as “Respondent”), having been fully informed of my noncompliance with Miss. Code Ann. § 75-49-1 et. seq. and understanding that I am entitled to a hearing before the Commissioner of Insurance of the State of Mississippi to determine the reasonableness of the Commissioner’s action, do hereby consent, in lieu of such hearing, to the following terms and conditions:

1) That the revocation of Installer / Transporter License # 10001096, of M. C. Dillard d/b/a Dillard Mobile Home Transporters, should be set aside, and such license be reissued on a conditional and probationary basis, subject to the following conditions:

(a) Respondent shall submit a money order for $160.00 (Payable to the Mississippi Insurance Department) to accompany each Property Locator Form that is sent to the State Fire Marshal’s Office. The submission of a Property Locator Form unaccompanied by the required $160.00 fee shall constitute a violation of the terms of probation, and shall justify the subsequent revocation of Respondent’s license.
(b) Respondent shall submit all Property Locator Forms to the State Fire Marshal's Office within 72 hours of the completion of each installation.

(c) All Property Locator Forms submitted by Respondent are to have all information completed on the form along with accurate and precise directions provided to each installation site.

(d) All defects noted following the State Fire Marshal's Installation Inspection and documented in each installation defect Affidavit issued to the Respondent are to be properly corrected in a timely fashion. Respondent shall return the Affidavit, signed and notarized, to the State Fire Marshal’s Office within 20 days of the date of the cover letter transmitting the Affidavit to Respondent, in order to confirm that all identified defects have been corrected.

2) The privilege license of M. C. Dillard d/b/a Dillard Mobile Home Transporters, #10001096, shall be on probationary status for the period of one year from the date of the execution of this document by the Commissioner.

I fully understand that should I fail to follow the terms of this Consent to Administrative Penalty as agreed, that an administrative hearing will be set by the Commissioner of Insurance and administrative action may be taken against me as provided in the Mississippi Code.

SO AGREED, on this the 29th day of ________, 2014.

STATE OF Mississippi
COUNTY OF Hinds

Sworn to and subscribed to
Before me this the 29th day of
________, 2014.

[Signature]
Notary Public

My Commission Expires ____________.

STATE OF MISSISSIPPI
ID # 60851
Commission Expires ____________.
BANK IN COUNTY

APPROVED AND ENTERED on this the ______ day of ________, 2014.

[Signature]
Mike Chaney
COMMISSIONER OF INSURANCE